

## **ABC Training Program**

123 Oak Street, Anywhere, TX 12345 1-888-111-1111

Date

Name Address City, St Zip

RE: EMS Coordinator Application Instructions:

D.2. On a separate sheet, list course name(s), DSHS course number(s), course dates and hours for at least 120 hours of instruction for initial EMS certificant. The list must be verified by signature of a DSHS approved EMS coordinator.

## Dear Whoever:

John Smith instructed in the following courses under my direction at the ABC Training Program, Program ID# 65432, as follows.

Course Name	DSHS Course Number	Course Dates	Hours of Instruction
ABC EMT course #1	123456	09/01/2007 - 12/07/2007	64 hours
ABC ECA course #3	123457	01/07/2008 - 03/07/2008	40 hours
ABC EMT course #11	123458	05/07/2008 - 08/15/2008	<u>40 hours</u>
			144 hours

Sincerely,

John boll

John Doe

Program Director and Coordinator

ABC Training Program Coordinator ID# 321456

**EXAMPLE**